

|                             |                         |              |                        |                                 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/227,398 | FILING DATE<br>01/08/99 | CLASS<br>370 | GROUP ART UNIT<br>2732 | ATTORNEY DOCKET NO.<br>CISCP077 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT

KENT K. LEUNG, MOUNTAIN VIEW, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

N. M. none

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

none N. M.

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

none N. M.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/02/99

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met             | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>40 | INDEPENDENT<br>CLAIMS<br>6 |
| Verified and Acknowledged<br><u>Examiner's Initials</u> <u>Initials</u> |   |                           |                        |                       |                            |

ADDRESS

ELISE R HEILBRUNN  
BEYER & WEAVER  
P O BOX 61059  
PALO ALTO CA 94306

TITLE

MOBILE IP ACCOUNTING

|                                       |   |   |
|---------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$1,354 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|---|

|                             |                         |              |                        |                                |
|-----------------------------|-------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>09/227,398 | FILING DATE<br>01/08/99 | CLASS<br>370 | GROUP ART UNIT<br>2731 | ATTORNEY DOCKET NO.<br>CISC077 |
|-----------------------------|-------------------------|--------------|------------------------|--------------------------------|

APPLICANT

KENT K. LEUNG, MOUNTAIN VIEW, CA.

2682

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

none U.M

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

none U.M

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

none U.M

FOREIGN FILING LICENSE GRANTED 02/02/99

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>43 | INDEPENDENT<br>CLAIMS<br>6 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |   |                           |                        |                       |                            |

|   |                       |
|---|-----------------------|
| ADDRESS<br>ELISE R HEILBRUNN<br>BEYER & WEAVER<br>P O BOX 61059<br>PALO ALTO CA 94306 | Customer No.<br>22434 |
|---|-----------------------|

|                               |
|-------------------------------|
| TITLE<br>MOBILE IP ACCOUNTING |
|-------------------------------|

|                                       |   |   |
|---------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$1,354 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|---|